

**NJSP HAZARDOUS MATERIALS RESPONSE UNIT  
TECHNICIAN / SPECIALTY TRAINING REQUEST AND DEPARTMENT AUTHORIZATION FORM**

**PRINT CLEARLY ALL REQUESTED INFORMATION !!!!!!!**

**PART 1**

NAME \_\_\_\_\_ TYPE OF AGENCY \_\_\_\_\_  
Police, EMS, Fire, Health, etc.

DEPT. \_\_\_\_\_ WORK PH # ( ) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ HOME PH # ( ) \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FAX # ( ) \_\_\_\_\_ S.S. # - - \_\_\_\_\_

E-Mail \_\_\_\_\_ HAZMAT TEAM \_\_\_\_\_

**PART 2**

Indicate the preferred date for the course you wish to attend. Receipt of the request form does not guarantee admission into the course. **You must receive written proof of confirmation to attend.**

COURSE	DATE REQUESTED	PREREQUISITE INFORMATION
HazMat Technician	/ /	AWARE CERT DATE / /
Cargo Tank Truck Specialty	/ /	OPS CERT DATE / /
Rail Tank Car Specialty	/ /	SCBA QUALIFIED YES NO (CIRCLE ONE)
WMD Technician	/ /	DATE OF LAST FIT TEST / /

**PART 3**

The individual named in Part 1 above is requesting to attend a HazMat Technician / Specialty training course offered by the NJSP-HAZMAT Response Unit. I as Supervisor/Department Head have verified that at a minimum, the following requirements have been met:

He/She is actively involved with a Hazardous Materials Response Team.

He/She has successfully completed recognized training in the use of positive pressure self contained breathing apparatus.

He/She is believed to be in good health and physical condition and is able to perform all of the required hands-on activities.

He/She has met all the prerequisite training standards and has indicated above the dates of attendance for HM Awareness and Operations.

He/She will be covered under their Workman's Compensation insurance and/or other dept. insurance during the length of the program which will assume full liability for any injuries that are training related.

\_\_\_\_\_  
Name and Title of Supervisor (print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Mail or fax applications to the NJSP at the address/number to the right

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NJSP HAZMAT Response Unit  
Middlesex County Fire Academy  
1001 Fire Academy Drive  
Sayreville, NJ 08872  
Fax # (732) 721-4672

For further info contact the NJSP HMRU (732)  
721-4040 or NJHAZMAT@GW.NJSP.org